

# Legislative Definitions of Community Health Workers: Examples from Other States to Inform Hawai'i

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## Abstract

Community health workers (CHWs) have been important contributors to the health and wellness of disenfranchised and minority communities for more than 50 years in the United States. Recently the Centers for Disease Control and Prevention (CDC) recommended several policy initiatives to support and advance the CHW workforce, including formalizing a state-level definition for CHWs. Such state-wide standards can lay the groundwork for health insurance reimbursement for CHW services, help establish a professional identity, and generate cohesion among CHWs. Some states have already adopted a formal definition of CHWs. Hawai'i has had grassroots and political movement in this direction, although no widespread, formal consensus has been reached. This paper reviews decisions in other states in formally defining CHWs in order to inform efforts in Hawai'i. As of February 2019, data has been collected on states which have formally defined CHWs. Two independent reviewers compared the definitions used in 15 states with formalized definitions using the American Public Health Association (APHA) CHW Section definition. We found that most states built upon the APHA definition to create working definitions that were codified into law, sometimes with minor modifications for relevance to their communities. Given the widespread use of the APHA definition, Hawai'i may also find benefit from using the APHA definition as a backbone for a state-level definition. Critically, following best practices, it will be important to take steps to ensure CHW self-determination in all aspects of the processes towards a state-level definition of and scope of care for CHWs.

## Keywords

Community health workers, CHW, definition, law

## Abbreviations

APHA = American Public Health Association  
CDC = Centers for Disease Control and Prevention  
CHW = Community health worker  
FQHC = Federally qualified health centers

## Highlights

- The CDC and others recommend formalizing state-wide definitions for CHWs.
- Fifteen states have formalized CHW definitions.
- The APHA definition of CHW is a key model.
- We recommend Hawai'i also leverage these efforts with widespread consensus.
- Like doctors and nurses, CHWs should take the lead in defining their own profession.

## Background

Community health workers (CHWs) have been important contributors to the health and wellness of disenfranchised and minority communities for more than 50 years in the United States.<sup>1,2</sup> In 2014, the Centers for Disease Control and Prevention (CDC) recommended several policy initiatives to support and advance the CHW workforce, including formalizing state-level definitions for CHWs.<sup>3</sup> Iterative processes to define the CHW

field began in 1998 with the publication of the first national survey of the CHW workforce.<sup>4</sup> In 2000, the American Public Health Association (APHA) created the CHW Special Primary Interest Group (CHW SPIG) to support and promote the CHW workforce and to provide a forum for CHWs to share resources and strategies across their complex roles.<sup>5</sup> In this same year, the APHA created a definition for CHWs using a strong collaborative process. This definition states:

*“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”<sup>6</sup>*

In 2009, the APHA CHW SPIG became the APHA CHW Section and released recommendations urging CHWs and policymakers to create “common definitions and nationally recognized standards of core competencies for CHW practice, based on an updated understanding of core CHW roles.”<sup>4,5</sup> Toward these goals, the CHW Core Consensus (C3) Project has gathered input from CHWs and stakeholders across the country to support the design of relevant training curricula and scope of practice guidelines for use across local, state, and national levels.<sup>7</sup> The most recent (2016) report includes 10 core roles and skills.<sup>8</sup> This builds on the earlier workforce assessments and provides useful insights into formal statewide definitions.

A formal statewide definition can be useful. Many individuals working as CHWs under different job titles other than “CHW” may not be aware of this auxiliary identity or understand their part in it. A formal definition can help establish a professional identity and generate cohesion among CHWs,<sup>9</sup> which can facilitate their active informed involvement in the decision to promote CHW reimbursement, and how to design a reimbursement process in a way that works for most CHWs. Other important reasons for formally defining the role of CHWs include the fact that, historically, CHW services have been funded through short-term mechanisms, such as grants and demonstration projects.<sup>2</sup> Standardized CHW roles and scope of care can allow for health insurance reimbursement, providing stabilized funding, more job stability, and greater integration of CHWs within healthcare and social services.<sup>4</sup> Such payment reforms require clear delineation of the CHW role compared to other reimbursable healthcare and social services providers (eg, social workers, nurses). Additionally, a formal statewide

CHW definition and scope of care can establish the field's unique place in the health care and social service workforce, highlighting the qualities of a CHW (eg, the strong connection they have to the communities they serve), and their success in addressing the social determinants of health.<sup>10</sup>

A common definition could also serve as an important foundation to support the formation of a CHW association that could provide a forum for CHWs to network and organize around common actions, such as advocating for community needs.<sup>10</sup> These efforts could ultimately increase recognition, understanding and visibility of the CHW role by other health care providers, insurance providers, other funders, legislators, and the public at large.<sup>10</sup> This can also support future workforce development and occupational regulations, such as credentialing and standardized training.<sup>11</sup>

For these reasons, some states have formally defined CHWs roles in state-level policies. These definitions often include information about the placement of CHWs in the larger health care system and/or their scope of care. Currently, Hawai'i does not have a formal statewide definition, although recent activities demonstrate momentum toward adopting one.<sup>7</sup> The purpose of this paper is to examine other states' formal CHW definitions to inform efforts in Hawai'i. Specifically, we compared states' formalized definitions with the APHA CHW Section definition. We then briefly discuss the process of formalizing a statewide definition in Hawai'i with considerations to inform efforts to establish a formal consensus definition and scope of care for CHWs in the state.

## Methods

### Sample

To examine CHW roles and scope of care, we compared formal state decisions using policy and legislative tracking data about these policies collected from the National Academy for State Health Policy (NASHP) State Community Health Worker Models webpage<sup>12</sup> and Association of State and Territorial Health Officials (ASTHO)'s Community Health Worker (CHWs) Training/Certification Standards chart.<sup>13</sup> We created a master list of all 50 states and Washington, DC that included information on extant legislation, CHW definitions, and any CHW-related programs, such as education/training, certification, and associations/organizations. To ensure inclusion of the most current and accurate information, we compared the state bills to both ASTHO<sup>13</sup> and NASHP<sup>12</sup> sources. For cases where no information was found for any category for a state, we performed a Google search for any documentation that was left out of the national databases. From the list of 50 states, we removed those without a bill, and those where bills had failed to pass out of the state legislature. Lastly, we reviewed each of the final pieces of legislation and those without a CHW definition were removed; bills that included definitions, even if not explicitly defining CHWs, were kept. We created a final table that lists each state's bill, the year it was passed, and its CHW definition.

## Data Analysis

Each state's formalized definition of CHWs was compared to the APHA CHW Section CHW definition.<sup>8</sup> The APHA definition was broken down by the individual characteristics listed in the definition, and then these characteristics were grouped together by theme. A total of 4 themes and 17 characteristics were used as criteria for comparing the state definitions to the APHA definition. The first theme describes who CHWs are: a frontline public health worker, a trusted member of the community served, and someone who has an unusually close understanding of the community served. The next theme lists CHWs' roles at the community level: serves as a liaison/link/intermediary between health services and the community, serves as a liaison/link/intermediary between social services and the community, improve the quality of service delivery, improve the cultural competence of service delivery, and build community capacity. The third theme labels CHWs' roles at the individual level: builds individual capacity, facilitates access to services, increases health knowledge, and increases self-sufficiency. The final theme defines CHWs' activities: outreach, community education, informal counseling, social support, and advocacy. Two of the authors (SC, MQ) independently compared each state definition to the APHA definition, then met to review results and discuss areas of disagreement to create a final concordance document. All themes were agreed upon after discussion, and areas of discussion are included in the results table as they provide insights in aspects of the definition that may be useful for the state of Hawai'i to consider. Data collection commenced in February 2019 and was completed in March 2019. Data were analyzed in April 2019.

## Results

Of the 50 states, only 21 had bills that addressed CHWs. Six states were removed from this list for reasons described in the methods (eg, non-passage), leaving 15 states included in the analysis (Table 1).<sup>14-31</sup> Three states that did not explicitly define CHWs were still included in the analysis because they had passed a relevant bill with a definition of related positions: Alaska defined "health care provider,"<sup>14</sup> California defined "community health care worker,"<sup>16</sup> and Georgia defined a "patient navigator."<sup>18</sup> Specifically, California was included as only the word "care" differentiated it from a CHW. Additionally, Alaska and Georgia were included because CHWs were listed among the examples of position definitions in the bill. In total, 15 states had legislatively-codified working definitions of CHWs (Table 1). New Mexico had 2 distinct state documents that defined CHWs differently, and Texas had 3 (Table 2), thus a total of 18 definitions were analyzed.

The analysis showed the APHA definition served as a starting point for many states. Of the 18 state definitions considered, 3 (from Arizona,<sup>15</sup> Illinois,<sup>19</sup> and Maryland<sup>21</sup>) adopted the APHA definition in full. The definitions in the legislative language from California,<sup>16</sup> Georgia,<sup>18</sup> Nevada,<sup>23</sup> the first New Mexico document,<sup>24</sup> and Rhode Island<sup>28</sup> had fewer than 5 characteristics in common with the APHA definition. Alaska<sup>14</sup> and Maine<sup>20</sup> had broad definitions that did not use any APHA language.

Table 1. State Definitions of CHWs	
State, Year Passed, and Bill Number	Definition of a Community Health Worker from Legislation
AK, 2018 AS 18.15.395 <sup>14</sup>	"[H]ealth care provider" means any person that provides health care services; "health care provider" includes a hospital, medical clinic or office, special care facility, medical laboratory, physician, pharmacist, dentist, physician assistant, nurse, paramedic, emergency medical or laboratory technician, community health worker, and ambulance and emergency medical worker;
AR, 2018 HB2324 <sup>15</sup>	A frontline public health worker who is a trusted member of the community, who serves the community or has an in-depth understanding of the community the worker serves, who serves as a liaison between Health service providers or social service providers and community members to facilitate access to services and improve the quality and cultural competence of service delivery and who builds individual and community capacity by increasing health knowledge and self sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.
CA, 2012 Labor Code 6332 <sup>16</sup>	"Community health care worker" means an individual who provides healthcare or health care-related services to clients in home settings.
CT, 2017 SB126 <sup>17</sup>	[P]ublic health outreach professional with an in-depth understanding of the experience, language, culture and socioeconomic needs of the community who (1) serves as a liaison between individuals within the community and health care and social services providers to facilitate access to such services and health-related resources, improve the quality and cultural competence of the delivery of such services and address social determinants of health with a goal toward reducing racial, ethnic, gender and socioeconomic health disparities, and (2) increases health knowledge and self-sufficiency through a range of services including outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health.
GA, 2014 Code 33-23-201 <sup>18</sup>	"Patient navigator" means an individual who offers assistance to patients, families, and caregivers to help overcome health care system barriers and to facilitate timely access to quality medical and psychosocial care as defined by the health care community he or she serves.
IL, 2014 HB5412 <sup>19</sup>	A frontline public health worker who is a trusted member or has an unusually close understanding of the community served. This trusting relationship enables the community health worker to serve as a liaison, link, and intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, including outreach, community education, informal counseling, social support, and advocacy. Nothing in this definition shall be construed to authorize a community health worker to provide direct care or treatment to any person or to perform any act or service for which a license issued by a professional licensing board is required.
ME, 2015 LD1426; Revised Statute Title 22, § 1812-G <sup>20</sup>	§1812-G. Maine Registry of Certified Nursing Assistants and Direct Care Workers 1-B. Definitions. D. "Direct care worker" means an individual employed in a home, community or other health care or direct access setting who provides direct contact assistance with personal care, activities of daily living or other services to individuals. "Direct care worker" does not include certified nursing assistants employed in their capacity as certified nursing assistants. 2-A. Registry listing...Direct care workers who may be listed on the registry include but are not limited to the following: A. Behavior specialists; B. Behavioral health professionals; C. Certified residential care aides; D. Certified residential medication aides; E. Direct support professionals; F. Mental health rehabilitation technicians; G. Mental health support specialists; H. Other qualified mental health professionals; I. Personal care or support specialists J. Registered medical assistants; K. Residential care specialists; L. Community health workers; and M. Other direct care workers described in rules adopted by the department pursuant 8 to subsection 18.
MD, 2018 SB163 <sup>21</sup>	Frontline public health worker who: (1) is a trusted member of, or has an unusually close understanding of the community served; (2) serves as a liaison, link, or intermediary between health and social services and the community to: (i) facilitate access to services; and (ii) improve the quality and cultural competence of service delivery; and (3) builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, including: (i) outreach; (ii) community education; (iii) informal counseling; (iv) social support; and (v) advocacy.
MA, 2010 H4692 <sup>22</sup>	A public health worker who applies his or her unique understanding of the experience, language, and/or culture of the populations he or she serves through one or more of the following roles: a) Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers; b) bridging/culturally mediating between individuals, communities, and health and human services, including actively building individual and community capacity; c) assuring that community members access the services they need; d) providing direct services, such as informal counseling, social support, care coordination, and health screenings; and e) advocating for individual and community needs.
NV, 2015 SB498 <sup>23</sup>	a natural person who: 1. Lives in or otherwise has a connection to the community in which he or she provides services. 2. Is trained by a provider of health care to provide certain services which do not require the community health worker to be licensed. 3. Provides services at the direction of a facility for the dependent, medical facility or provider of health care which may include, without limitation, outreach and the coordination of health care.
NM (1), 2015 Administrative Code R7.29.5.1 <sup>24</sup>	a public health worker, also known as a tribal community health representative or a promotora, who applies an understanding of the experience, language, and culture of the populations that the individual serves and who provides services aimed at optimizing individual, family and community health outcomes
NM (2), 2014 SB58 <sup>25</sup>	"community health worker" means a public health worker who applies an understanding of the experience, language and culture of the populations that the individual serves and who provides direct services aimed at optimizing individual and family health outcomes, including: (1) informal and motivational counseling and education; (2) interventions to maximize social supports; (3) care coordination; (4) facilitation of access to health care and social services; (5) health screenings; and (6) other services that the secretary defines by rule
OH, 2015 Ohio Revised Codes 4723-26-01 <sup>26</sup>	"Community health worker" and "certified community health worker" mean an individual who satisfies both of the following: (1) As a community representative, advocates for clients in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, or referrals; and (2) Holds a certificate to practice issued or renewed by the board under section 4723.85 of the Revised Code.

Table 1. State Definitions of CHWs (Continued)	
State, Year Passed, and Bill Number	Definition of a Community Health Worker from Legislation
OR, 2011 HB3650 <sup>27</sup>	an individual who: (a) Has expertise or experience in public health; (b) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system; (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community where the worker serves; (d) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness; (e) Provides health education and information that is culturally appropriate to the individuals being served; (f) Assists community residents in receiving the care they need; (g) May give peer counseling and guidance on health behaviors; and (h) May provide direct services such as first aid or blood pressure screening.
RI, 2011 H5633 Sub A <sup>28</sup>	a person who creates a bridge between providers of health services, community services, social agencies and vulnerable populations within the community. Community health workers provide support and assist in navigating the health and social services system. In addition community health workers can build community capacity through workshops and programs.
TX (1), 2015 Administrative Code 146.1 <sup>29</sup>	"Promotor(a)" or "Community Health Worker"—A person who, with or without compensation, is a liaison and provides cultural mediation between health care and social services, and the community. A promotor(a) or community health worker: is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served. A promotor(a) or community health worker assists people to gain access to needed services and builds individual, community, and system capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy, and participation in clinical research.
TX (2), 2011 HB2610 <sup>30</sup>	A "Promotora" or "community health worker" means a person who, with or without compensation, provides a liaison between health care providers and patients through activities that may include activities such as assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits, and providing bilingual language services.
TX (3), 1999 HB1864 <sup>31</sup>	a person who promotes health within the community in which the person resides, without regard to whether the person is compensated, by engaging in activities such as providing health education, making referrals to health and social services providers, coaching families on effective ways to access health services, conducting needs assessments, identifying barriers to health care delivery, making home visits, providing language services, collecting information regarding the outcome of health services provided to families, and acting as a liaison between families and health care providers.

Table 2. Comparison Between State Definitions and APHA Definition																	
State	APHA Definition Components <sup>6</sup>																
	Who are CHWs			Community-level Roles					Individual-level Roles				CHW Activities				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
AK <sup>14</sup>																	
AR <sup>15</sup>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
CA <sup>16</sup>										x							
CT <sup>17</sup>	x		x	x	x	x	x			x	x	x	x	x	x	x	x
GA <sup>18</sup>				x	x					x							
IL <sup>19</sup>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
ME <sup>20</sup>																	
MD <sup>21</sup>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
MA <sup>22</sup>	x		x	x	x		x	x	x	x			x	x	x	x	x
NV <sup>23</sup>		x	x										x				
NM (1) <sup>24</sup>	x	x	x														
NM (2) <sup>25</sup>	x		x	x	x					x				x	x	x	
OH <sup>26</sup>		x		x	x					x			x	x		x	x
OR <sup>27</sup>	x		x				x	x		x				x	x		
RI <sup>28</sup>				x	x			x		x							
TX (1) <sup>29</sup>		x	x	x	x			x	x	x	x	x	x	x	x	x	x
TX (2) <sup>30</sup>				x	x		x			x	x			x			
TX (3) <sup>31</sup>		x		x	x		x			x	x			x			

APHA Definition Components Key: A – A frontline public health worker. B – Trusted member of the community served. C – Has an unusually close understanding of the community served. D – Serve as a liaison/link/intermediary between health services and the community. E – Serve as a liaison/link/intermediary between social services and the community. F – Improve quality of service delivery. G – Improve cultural competence of service delivery. H – Builds community capacity. I – Builds individual capacity. J – Facilitate access to services. K – Increases health knowledge. L – Increases self-sufficiency. M – Outreach. N – Community Education. O – Informal Counseling. P – Social Support. Q – Advocacy

The characteristic from the APHA definition that was most commonly incorporated in state definitions was facilitating access to services, which was mentioned in 78% of state definitions (14/18). Only 22% of state definitions (4/18) included improving quality of service delivery as a CHW characteristic. Twenty-two percent of state definitions (4/18) used the APHA definition in discussing who CHWs are (eg, a frontline public health worker, a trusted member of the community served). CHWs were defined as public health workers in 44% of state definitions (8/18). Fifty-six percent of state definitions (10/18) said that “CHWs have an unusually close understanding of the community served,” but only 44% of state definitions (8/18) had language that distinguished CHWs “as trusted members of the community they served.” 17% of the state definitions (3/18) used the APHA’s definition that CHWs work on a community-level, while 22% (4/18) included the same APHA components to define CHW work on an individual level. Sixty-seven percent of state definitions (12/18) identified CHWs as “liaisons between communities and healthcare/social services.” Thirty-nine percent of state definitions (7/18) included language about building community capacity, but only 5 state definitions included building individual capacity. Thirty-three percent of the state definitions (6/18) listed the same activities that the APHA included in its definition. Community education was the most-mentioned activity, appearing in 9 out of the 18 state definitions.

Two states, New Mexico<sup>24,25</sup> and Texas,<sup>29,31</sup> had more than 1 bill that defined CHWs and had variation in the definitions of CHWs used in the bills and in how closely those definitions matched the APHA definition. For example, New Mexico’s 2 bills were passed within 10 months of each other. The first, from 2014,<sup>24</sup> was more congruent with the APHA definition than the second bill, passed in 2015.<sup>25</sup> The later bill, however, included language defining a CHW as a “tribal community health representative” or “*promotora*,” which the first bill did not.<sup>24,25</sup> In Texas, 3 bills, passed in 1999,<sup>29</sup> 2011,<sup>30</sup> and 2015<sup>31</sup> defined CHWs. Despite adopting the APHA definition in 2000, the 1999 definition was more congruent with the APHA version than the 2011 definition. Like New Mexico’s 2015 bill, the 2011 and 2015 bills from Texas included “*promotoras*” in their definitions. Among the 3 Texas bills, the 2015 bill most closely mirrored the APHA definition.

## Discussion

We found that many, but not all, of the states that have defined CHWs built upon the detailed and widely-accepted APHA definition in creating their own definitions, but also included minor modifications to enhance relevance in their communities (eg, use of the word *promotora*). Some states included activities beyond what was listed in the APHA definition. These other activities included research,<sup>17,29</sup> home visits,<sup>16,26,30</sup> and other direct clinical services such as first aid and screening.<sup>17,20,22,25,27</sup> Although CHWs have a long history of addressing gaps in the social determinants of health, a role that differentiates CHWs from many other health care professionals, only Connecticut

included this aspect of CHWs’ work in its formal definition.<sup>17</sup> Other states defined the CHW role more broadly and with low congruence with the APHA definition.<sup>14,16,23,24</sup> This practice could allow institutions more freedom to define CHW roles and activities for specific positions in order to better meet program needs within the organization.

For the 2 states (New Mexico<sup>24,25</sup> and Texas<sup>29,31</sup>) that had more than 1 bill that defined CHWs, more information on the evolution of these bills, as well as the important stakeholders and historical events that influenced the variation between the bills would help illuminate the process and guide states that have yet to develop a CHW definition.

Some bills were not included in this study. Minnesota had a bill that discussed payment strategies for CHWs but did not define the CHW role and thus was excluded from the current analysis. Five states (Florida, New Jersey, Virginia, Washington, and Hawai‘i) introduced bills that included CHW definition bills but that eventually died in legislation; these states were also excluded from the analysis. In Hawai‘i, multiple bills were introduced in both 2018 and 2019, but all failed to progress through legislative session. The lack of passed legislation in these states indicates that active CHW engagement and strong relationships with allies to successfully develop and pass CHW legislation may be called for.<sup>32</sup>

Several published studies may help to demonstrate the process of crafting a CHW definition and scope of care. For example, in Massachusetts, the process involved first the building of leadership among CHWs through a strong partnership between CHWs and the Massachusetts Department of Public Health, which included training for CHW capacity- and knowledge-building.<sup>33</sup> Typically, CHWs come from disadvantaged groups that may have less resources or capacity to organize and advocate for their profession.<sup>34</sup> This usually results in other interest groups driving the policymaking process (eg, nurses, doctors, health insurance companies).<sup>35</sup> Not all states have included CHWs in the process of developing CHW legislation. In Ohio, the Board of Nursing controls certification and training requirements for CHWs.<sup>36</sup> The ways in which allies engage CHWs in the legislative process will have a direct impact on the strength of the defined CHW role as well as those important relationships with collaborators moving forward. Creating CHW scope and role definition through genuine collaboration and consensus building among parties takes time and patience, but is imperative for creating applicable, useful, and comprehensive policy.<sup>37</sup>

Strong groundwork has been laid for a formal definition and scope of care for CHWs in Hawai‘i. From February to June 2016, one author of the current paper (NS), who began her career as a CHW then became the outreach director at the Hawai‘i Primary Care Association, conducted a series of 8 meetings across the state with 90 CHWs and 5 meetings of CHW supervisors employed at 14 federally qualified health centers (FQHCs). The goal was to build consensus on a working definition of CHWs as well as scope of care/recommended competencies for CHWs employed at Hawai‘i’s FQHCs. Groups of CHWs met twice in each county over a 4-month period to build informed discus-

sions. The CHW Supervisor Advisory Committee, consisting of 16 CHW supervisors and some CHWs from FQHCs in every county, was convened 5 times over 4 months.<sup>38</sup> Consensus was reached among CHWs and CHW supervisors to adopt all 10 roles of CHWs defined by the C3 Project, with some minor edits tailored to the role of CHWs in FQHC clinical settings,<sup>8</sup> and to adopt, in full, the APHA definition. Though these recommendations primarily reflect the views of the CHWs and administrators of FQHCs, about 40% of the CHW meeting participants were from other health and social service agencies, indicating strong representation from the Hawai'i CHW community.

Movement toward the professionalization of CHWs highlights tensions between the desire to integrate CHWs into the health care system and develop reimbursement structures and the desire to retain distinctively close ties between CHWs and the community.<sup>37</sup> Balancing these priorities requires the active participation of CHWs in decisions affecting their profession. The APHA and CDC both recommend that CHWs, like other health professionals,<sup>11</sup> take the lead in decisions that impact their profession and advocate for a minimum of 50% CHW membership on workforce policy committees.<sup>39</sup> Allies of CHWs should take a supportive role, encouraging CHWs to be actively engaged.

### Limitations

This study had some limitations. In the analysis, SC and MQ compared the state definition to the APHA definition with a conservative approach. In some instances, verbiage used in state definitions was so broad that it could not match the APHA definition. For example, states such as Alaska, Maine, Nevada, and New Mexico included in their definitions vague language about CHWs providing services and/or conducting activities, but did not explicitly define these, thus leaving the characteristics of these services/activities up for interpretation. In other cases, state definitions listed activities that may suggest or promote components of the APHA definition but because they did not declare these activities specifically they were not counted. For instance, Texas incorporated into its definition “provides cultural mediation,” but this may not necessarily improve cultural competence of service or intervention delivery. Additionally, one definition from New Mexico mentions that CHWs “provide education,” and although an educator may hope this would lead

to an “increase of health knowledge,” this cannot be assumed. From the scope of our study, it is not possible to know what the intentions of the drafters were when they created these definitions, and therefore the definitions may be interpreted by the authors differently than the drafters intended. To mitigate this issue, SC and MQ used a narrow scope. Disagreement with these analysis methods may lead to discussions within Hawai'i about whether CHW definitions should match the APHA definition or be broad and possibly risk infringing on the work of other professionals. Other articles included in this issue give more detailed insights into recent and historical efforts to formalize CHW roles in Hawai'i. A full consideration of these efforts is beyond the scope of this article, which focuses on comparisons in definitions across states to inform such efforts.

### Practical Implications

CHWs are an important part of the Hawai'i health care system. One way to assure the sustainability of the field and reimbursement for these vital service providers is to formally define their work and scope of care. A number of states have already undergone this policymaking process and provide useful guidance. Future policies that define the field and scope of care should follow nationally-accepted definitions, like the APHA definition. CHWs, advocates and allies, and legislators should examine and integrate the lessons learned from states with exemplary processes, including CHW-led initiatives.

### Conflict of Interest

None of the authors identify a conflict of interest.

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